

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts .



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

Common Rules Regarding Supervision

64B4-2.002 Definition of “Supervision” for Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling.

Supervision is the relationship between the qualified supervisor and intern that promotes the development of responsibility, skills, knowledge, attitudes and adherence to ethical, legal and regulatory standards in the practice of clinical social work, marriage and family therapy and mental health counseling. Supervision is contact between an intern and a supervisor during which the intern apprises the supervisor of the diagnosis and treatment of each client, client cases are discussed, the supervisor provides the intern with oversight and guidance in diagnosing, treating and dealing with clients, and the supervisor evaluates the intern’s performance.

(1) An intern shall be credited for the time of supervision required by Section 491.005, F.S., if the intern:

- (a) Received at least 100 hours of supervision in no less than 100 weeks; and,
- (b) Provided at least 1500 hours of face-to-face psychotherapy with clients; and,
- (c) Received at least 1 hour of supervision every two weeks.

(2) The supervision shall focus on the raw data from the intern’s face-to-face psychotherapy with clients. The intern shall make the raw data directly available to the supervisor through such means as written clinical materials, direct observation and video and audio recordings. Supervision is a process distinguishable from personal psychotherapy or didactic instruction.

(3) The supervisor and intern may utilize face-to-face electronic methods to conduct the supervisory sessions; however, the supervisor and intern must have in-person face-to-face contact for at least 50% of all of the interactions required in subsection (1), above. Prior to utilizing any online or interactive methods for supervision, the supervisor and the intern shall have at least one in-person face-to-face meeting. The supervisor and the intern are responsible for maintaining the confidentiality of the clients during both in-person and online or interactive supervisory sessions.

(4) If an intern obtains group supervision, each hour of group supervision must alternate with an hour of individual supervision. Group supervision must be conducted with all participants present in-person. For the purpose of this section, individual supervision is defined as one qualified supervisor supervising no more than two (2) interns and group supervision is defined as one qualified supervisor supervising more than 2 but a maximum of 6 interns in the group.

(5) A qualified supervisor shall supervise no more than 25 registered interns simultaneously.

(6) “Face-to-face psychotherapy” for clinical social workers, marriage and family therapists, and mental health counselors registered pursuant to Section 491.0045, F.S., includes face-to-face by electronic methods so long as the registered intern establishes and adheres to the following:

- (a) The registered intern has a written telehealth protocol and safety plan in place with their current qualified supervisor which includes the provision that the qualified supervisor must be readily available during the electronic therapy session; and
- (b) The registered intern and their qualified supervisor have determined, through their professional judgements, that providing face-to-face psychotherapy by electronic methods is not detrimental to the patient is necessary to

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protect the health, safety, or welfare of the patient, the registered intern, or both, and does not violate any existing statutes or regulations.

(7) Notwithstanding subsections (3) and (4) above a qualified supervisor may utilize face-to-face electronic methods, including telephone only communication, to conduct all supervisory sessions for internship hours if the qualified supervisor determines, through their professional judgment, that such methods are not detrimental to the registered intern's patients and are necessary to protect the health, safety, or welfare of the qualified supervisor, the registered intern, or both. Any clinical hours obtained via face-to-face psychotherapy by electronic means shall be considered clinical hours for the purpose of meeting internship requirements.

(8) No later than 90 days prior to June 30, 2021, the Board shall review and amend, modify, or repeal subsections (6) and (7) above if it determines that same creates barriers to entry for private business competition, is duplicative, outdated, obsolete, overly burdensome, imposes excessive costs, or otherwise negatively impacts the quality of psychotherapy received by Florida citizens.

Rulemaking Authority 491.004(5), 491.0045, 491.005(1)(c), (3)(c), (4)(c) FS. Law Implemented 491.005(1)(c), (3)(c), (4)(c) FS. History—New 7-6-88, Amended 3-21-90, Formerly 21CC-2.002, 61F4-2.002, Amended 1-7-96, 12-16-96, Formerly 59P-2.002, Amended 11-13-97, 10-28-98, 1-1-07, 3-14-07, 2-9-16, 1-2-20, 10-4-20.

64B4-3.0085 Intern Registration.

(1) An individual who intends to practice in Florida to satisfy the post-master's experience must register as an intern by submitting a completed application to the Board on Form DH-MQA 1175, Application for Registration as a Registered Intern for Clinical Social Work, Marriage & Family Therapy or Mental Health Counseling (Revised 8/2020), hereby adopted and incorporated by reference, which can be obtained from <http://www.flrules.org/Gateway/reference.asp?No=Ref-12733>, or the web at www.floridasmentalhealthprofessions.gov/resources. The application shall be accompanied by the application fee specified in rule 64B4-4.015, F.A.C., which is non-refundable.

(2) An intern is required to identify a qualified supervisor by requesting that the supervisor submit a letter to the Board with the applicant's name, supervisor's name, supervisor's license number, and a statement that he or she has agreed to provide supervision while the applicant is a registered intern.

(3) Prior to changing or adding another qualified supervisor, the registered intern must:

(a) Request that the new supervisor submit a letter to the Board with the registered intern's name, the intern's license number, the supervisor's name, the supervisor's license number, and a statement that he or she has agreed to provide supervision to the registered intern; and,

(b) Receive a communication from the Board indicating its approval of the new supervisor.

(4) Experience obtained under the supervision of a qualified supervisor will not count toward completion of the experience requirement until the registered intern has received board approval of the qualified supervisor.

(5) A registered intern must complete all hours associated with their clinical practicum, either through their graduate program or under the supervision of a qualified supervisor, before any hours completed toward the registered intern's experience requirement may be counted.

(6) Form HD5044-MQA, Supervision Plan Form for Registered Clinical Social Work Interns Form (Revised 02/20), hereby adopted and incorporated by reference, which can be obtained from

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<http://www.flrules.org/Gateway/reference.asp?No=Ref-12734>, or on the web at www.floridasmentalhealthprofessions.gov/resources, may be submitted by a qualified supervisor as an acceptable supervision plan for meeting the clinical practicum hours required for licensure if not otherwise satisfied by the individuals' graduate program.

(7) Form HD5046-MQA, Graduate-Level Practicum, Internship, or Field Experience Verification Form – Clinical Social Work (Revised 02/20), hereby adopted and incorporated by reference, which can be obtained from <http://www.flrules.org/Gateway/reference.asp?No=Ref-12736>, or on the web at www.floridasmentalhealthprofessions.gov/resources, must be submitted by a qualified supervisor on behalf of the Clinical Social Work registered intern upon completion of the practicum, internship, or field work required for licensure when not satisfied by the individuals' graduate program.

(8) Form HD5045-MQA, Graduate-Level Practicum, Internship, or Field Experience Verification Form – Marriage and Family Therapy (Revised 10/20), hereby adopted and incorporated by reference, which can be obtained from <http://www.flrules.org/Gateway/reference.asp?No=Ref-12735>, or on the web at www.floridasmentalhealthprofessions.gov/resources, must be submitted by a qualified supervisor on behalf of the Marriage and Family Therapist registered intern upon completion of the practicum, internship, or field work required for licensure when not satisfied by the individuals' graduate program.

(9) Form HD5047-MQA, Graduate-Level Practicum, Internship, or Field Experience Verification Form – Mental Health Counseling (Revised 02/20), hereby adopted and incorporated by reference, which can be obtained from <http://www.flrules.org/Gateway/reference.asp?No=Ref-12737>, or on the web at www.floridasmentalhealthprofessions.gov/resources, must be submitted by a qualified supervisor on behalf of the Mental Health Counseling registered intern upon completion of the practicum, internship, or field work required for licensure when not satisfied by the individual's graduate program.

(10) An "emergency or hardship case" pursuant to s. 491.0045(6), F.S., means that a circumstance or circumstances exist or existed that substantially relate to the ability to complete the internship requirements. The circumstance or circumstances must be beyond the registered intern's control and be of such duration to have eliminated the ability of the Registered Intern to complete their internship requirements within the timeframe established pursuant to s. 491.0045(6), F.S. Failure to pass the exam does not meet the requirements of an emergency or hardship case.

(11) No later than 90 days prior to the expiration of the internship registration, the Registered Intern shall submit, in writing, a request to the Board for an exception to the requirements of s. 491.0045(6), F.S., with all documents necessary to demonstrate the emergency or hardship case experienced by the Registered Intern. Upon establishment of an emergency or hardship case, as determined by the Board, the Board shall issue the Registered Intern a one-time exception by granting an extension of the Registered Intern's registration status for up to 24 months from the date of the initial registration expiration. The Board shall determine the length of the extension and no further exceptions or extensions are authorized by s. 491.0045, F.S.

Rulemaking Authority 491.004(5) FS. Law Implemented 456.013, 456.0635, 491.0045 , 491.005 FS. History–New 6-8-09, Amended 2-24-10, 10-17-10, 4-4-13, 2-9-16, 6-7-16, 9-1-16, 2-27-19, 3-9-21.

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64B4-3.008 Supervision Required Until Licensure.

(1) An applicant who practices clinical social work, marriage and family therapy and/or mental health counseling must continue in “supervision” as defined in Rule 64B4-2.002, F.A.C., and use the term “Registered Clinical Social Work Intern, Registered Marriage and Family Therapy Intern, or Registered Mental Health Counseling Intern” until he or she is in receipt of a license to practice the profession for which he or she has applied or a letter from the Department stating he or she is licensed, even if the two (2) year post-masters supervision requirement has been satisfied.

(2) All provisional licensees who practice clinical social work, marriage and family therapy and/or mental health counseling must continue in supervision, until he or she is in receipt of a license or a letter from the Department stating he or she is licensed as a clinical social worker, marriage and family therapist, or mental health counselor. Supervision is defined as contact between the provisional licensee and the qualified supervisor during which client cases are discussed and the supervisor provides the provisional licensee with oversight and guidance in diagnosing, treating and dealing with clients in conformance with Florida laws and rules. During the period of provisional licensure, the provisional licensee and the qualified supervisor shall meet face-to-face for at least one hour per month. For the purposes of this subparagraph, supervisor is defined as a Florida licensed clinical social worker, marriage and family therapist, or mental health counselor.

Rulemaking Authority 491.004(5), 491.014(4)(c), 491.005(6) FS. Law Implemented 491.012, 491.014(4)(c), 491.0046(3) FS. History—New 3-14-94, Formerly 61F4-3.008, 59P-3.008, Amended 10-28-98, 9-28-06, 10-17-10.

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FAQs

Q: I submitted my letter, when can I start supervision?

A: If the supervisee is already an intern, you may begin supervision once the intern receives a letter from the Board office approving you as a supervisor on their file. If they are still applying for intern licensure, you may begin supervision once they received the approval letter stating they are licensed as a Registered Intern.

Q: Where do I send my letter/ Verification form?

A: You may send the documents by mail, email, or fax to the Board office.

Boards of CSW, MFT, MHC
4052 Bald Cypress Way Bin C-08
Tallahassee, FL 32399

Fax: (850) 413-6982

Email: MQA.491@flhealth.gov

Q: Can I just type an email to the Board in place of a letter to begin supervision?

A: We will accept an emailed statement to begin supervision if it comes directly from the supervisor's email. If the intern emails us, it **MUST** be a letter with the supervisor's handwritten signature. The signature is to ensure the authenticity of the request.

Q: How many Interns can I supervise?

A: Rule 64B4-2.002, Florida Administrative states that you can provide supervision to no more than 25 Registered Interns at any one time. Please be sure to only supervise as many as you can devote your attention to. Qualified supervisors are to help interns become fully licensed and they deserve your attention and care. This ensures the registered intern is prepared for safe practice.

Q: How many Supervisors can an Intern have?

An intern can have an unlimited number of supervisors. Please note that you cannot count face to face psychotherapy under two different supervisors.

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Florida Statutes & Administrative Codes:

Florida Statutes:

- Chapter 491: 491, Clinical, Counseling, and Psychotherapy Services
- Chapter 456: Health Professions and Occupations: General Provisions
- Chapter 120: Administrative Procedure Act
- Chapter 39: Proceedings Related to Children
- Chapter 90: Evidence Code
- Chapter 394: Mental Health
- Chapter 397: Substance Abuse Services
- Chapter 415: Adult Protective Services

Florida Administrative Code (F.A.C.) Rules:

- Chapter 64B4: Board of Clinical Social Work, Marriage & Family Therapy & Mental Health Counseling
- Chapter 64B25-28: Certified Master Social Workers

Qualified Supervisor Continuing Education (CE) Renewal Requirements:

On November 7, 2016 the Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling amended rule 64B4-6.001(5) regarding continuing education for qualified supervisors (Q.S.). A qualified supervisor who was deemed qualified on or before March 31, 2017 must complete 4 hours of supervisor training continuing education before March 31, 2023. This requirement will reoccur every third biennium. The current biennium is not included in the calculation.

A licensee deemed qualified between April 1, 2017 and March 31, 2019 is required to complete the 4-hour course by March 31, 2025.

A licensee deemed qualified between April 1, 2019 and March 31, 2021 is required to complete the 4 hour course by March 31, 2027.

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How to Complete the “Verification of Clinical Experience” Form

MUST be complete by the SUPERVISOR, not the Intern.

1. Make sure to fill out the Intern’s name AND Intern number. The Board may have more than one person applying for licensure with the same name. If you do not know the intern’s license number you may locate it at <http://flhealthsource.gov/> by clicking “Verify a License”. **If they do not have an intern license number, they should not be receiving supervision.**
2. Check **ONE** box indicating the profession.
 - a) If your intern has more than one profession (example: they are an Intern for Mental Health and Marriage and Family), a separate form needs to be filled out for each profession.
3. Fill out your (the supervisor’s) information. Name, email, license type, state you are licensed, and license number.
 - a) If you do not include your printed name, we will not accept the form. Email is needed to contact you if the information received is not correct or does not match our records.
4. State the dates of supervision and the number of hours completed during the time frame indicated above.
 - a) If you are still providing this intern supervision, please put the last date the intern received supervision. If you put “Current” as an end date, the form will not be accepted.
 - b) The start date cannot be prior to the date the Intern was licensed, or before the date you (the supervisor) were approved to begin supervision with the intern.
 - c) DO NOT put a range of numbers for hours completed. This should be verifiable information with a concrete number of how many hours of supervision and face to face hours this intern completed during the listed time frame.
5. Check the box indicating if you are still supervising the intern.
 - a) If you are no longer supervising the intern, please fill out the date you ended supervision and select “I am no longer providing supervision.”
6. Check the box applicable to meeting minimum standards of performance. This box is NOT asking if they have completed supervision requirements. Please read the statute section referenced to properly answer the question.
 - a) If you indicate no, you must provide further information as to why this requirement has not been met. “Has not completed supervision” is not an acceptable reason and the form will be rejected.
7. Sign and Date using the date you completed the form.

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Submit form with application, email to info@floridasmentalhealthprofessions.gov, or mail to:

Board of Clinical Social Work, Marriage and Family Therapy,
and Mental Health Counseling
4052 Bald Cypress Way Bin C-08
Tallahassee, FL 32399-3258



Verification of Clinical Experience

Form **must** be completed by the supervisor.

Applicant Name: Jane Doe

Florida Intern Registration Number/Other State License Number: MHI12345

Select profession: Clinical Social Work Marriage & Family Therapy Mental Health Counseling

1. SUPERVISOR INFORMATION

Supervisor Name: John Smith

Email Address: john.smith@gmail.com

| License Type | State | License Number |
|--------------|-----------|----------------|
| <u>MH</u> | <u>FL</u> | <u>MH54321</u> |

Supervisors licensed outside of Florida must provide a license verification

2. SUPERVISED CLINICAL EXPERIENCE

I have read and understand Rule 64B4-2, Florida Administrative Code (F.A.C.), which states, in part:

An intern shall be credited for the time of supervision required by section (s.) 491.005, Florida Statutes (F.S.), if the intern:

- Received at least 100 hours of supervision in no less than 100 weeks; and
- Provided at least 1500 hours of face-to-face psychotherapy with clients; and
- Received at least one hour of supervision every two weeks

A. Dates of supervision: Start Date: 01/01/2019 End Date: 12/01/2020
MM/DD/YYYY *Provide specific date - MM/DD/YYYY*

B. The applicant received 100 hours of supervision, with at least one hour of supervision every two weeks.

C. The applicant provided psychotherapy face-to-face with clients for a total of 1500 hours.

Select one of the following:

I intend to provide supervision until the registered intern is fully licensed pursuant to s. 491.0045(3), F.A.C. If this changes, I will notify the board office of the date supervision ended.

I am no longer providing this registered intern with supervision as of: 12/01/2020
MM/DD/YYYY

3. SUPERVISOR STATEMENT

As the qualified supervisor of this intern, select the answer below that reflects your conclusion of their ability to practice and/or counsel independently.

Has the applicant met the minimum standards of performance in professional activities as measured against generally prevailing peer performance, pursuant to s. 491.009(1)(r), F.S.? Yes No

If "No," you must provide further information to explain why this requirement has not been met.

Supervisor Signature: _____ Date: _____
MM/DD/YYYY

Submit form with application, email to info@floridasmentalhealthprofessions.gov, or mail to:

Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling
4052 Bald Cypress Way Bin C-08
Tallahassee, FL 32399-3258



Verification of Clinical Experience

Form **must** be completed by the supervisor.

Applicant Name: _____

Florida Intern Registration Number/Other State License Number: _____

Select profession: Clinical Social Work Marriage & Family Therapy Mental Health Counseling

1. SUPERVISOR INFORMATION

Supervisor Name: _____

Email Address: _____

| License Type | State | License Number |
|--------------|-------|----------------|
| | | |

Supervisors licensed outside of Florida must provide a license verification

2. SUPERVISED CLINICAL EXPERIENCE

I have read and understand Rule 64B4-2, Florida Administrative Code (F.A.C.), which states, in part:

An intern shall be credited for the time of supervision required by section (s.) 491.005, Florida Statutes (F.S.), if the intern:

- a) Received at least 100 hours of supervision in no less than 100 weeks; and
- b) Provided at least 1500 hours of face-to-face psychotherapy with clients; and
- c) Received at least one hour of supervision every two weeks

A. Dates of supervision: Start Date: _____ End Date: _____
MM/DD/YYYY Provide specific date - MM/DD/YYYY

B. The applicant received _____ hours of supervision, with at least one hour of supervision every two weeks.

C. The applicant provided psychotherapy face-to-face with clients for a total of _____ hours.

Select one of the following:

I intend to provide supervision until the registered intern is fully licensed pursuant to s. 491.0045(3), F.A.C. If this changes, I will notify the board office of the date supervision ended.

I am no longer providing this registered intern with supervision as of: _____
MM/DD/YYYY

3. SUPERVISOR STATEMENT

As the qualified supervisor of this intern, select the answer below that reflects your conclusion of their ability to practice and/or counsel independently.

Has the applicant met the minimum standards of performance in professional activities as measured against generally prevailing peer performance, pursuant to s. 491.009(1)(r), F.S.? Yes No

If "No," you must provide further information to explain why this requirement has not been met.

Supervisor Signature: _____ Date: _____
MM/DD/YYYY